

every reason to consider it the channel of information of the equilibrium, and possibly of the senses of space and time, on which the scope of the mind is closely dependent. It is not at all improbable that lesions in these tracts may disturb these sensations, and that the entire mental architecture may totter with the withdrawal of so important pillars. Probably the congenital asymmetry of the peduncular tracts, observed in certain cases of mental perversion, may not be without a bearing in the explanation of the symptoms of those cases. And this explanation would be adjunct to the theory of mal-development of the associating tracts, recently advanced in explanation of other symptoms of these same states. The day will come when physiologists will not attempt any longer to determine the seat of higher functions in single centres by special experiments, but rather seek to correlate the results of different sets of experiments, and thus demonstrate that complex functions have a complex substratum. Nothing could be more absurd, for example, than to speak of "intellectual cells" (Denkzellen) in the cerebral cortex, as Schüle does in Ziemssen's Cyclopædia. Simple elements have simple functions, complex functions require a union of numerous simpler elements in a complex combination. (*Chicago Medical Review*, Sept. 20, 1881.)

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AUTOGRAPHIC MEN.—Chouel (*Marseilles Médical*, January, 1881) reports a class of human beings whom he calls "autographic men," who, from certain central neuroses, present a form of urticaria which shows itself when a slight irritation is applied to the skin. The cuticle may be written on and retain the character inscribed on it for some time, through the urticaria so produced. Dujardin-Beaumetz was the first to describe this phenomenon, which is by no means rarely observed.—*Chicago Medical Review*, August 5, 1881.

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ECLAMPSIA.—Masino (Lo Sperimentale) has arrived at certain conclusions which, while not entirely new, contain a fair *résumé* of existing knowledge on the subject. He claims, first, that the pathogeny of eclampsia is still obscure, but that clinical observation is in accord with experimental physiology in demonstrating that the seat of this disease is in the medulla oblongata. Second, that the nature of these unknown alterations, whether they are of a toxic character or the results of reflex irritation, has yet not been settled. Third, the existence of sugar in the urine of eclamptic

patients may indicate a bio-chemical change in the medulla oblongata, but has no pathogenic value. Fourth, there seems to be a relation between the existence of sugar and the eclamptic attacks, the glycosuria ceasing on their cessation. Fifth, the urine of eclamptics does not always contain albumen, nor is anasarca always present. Sixth, temperature has no essential relations with it. Seventh, the temperature, however, does not always remain the same; sometimes it rises a few hours before an eclamptic seizure, but generally returns to normal. Eighth, the continued existence of a high temperature indicates the existence of a complication of the eclampsia. From these conclusions, Massin draws the following indications for treatment. First, the two best indications for symptomatic treatment are to combat passive congestion and diminish nervous excitability. Second, the methods of procedure most capable of fulfilling these indications are, in the first case, blood-letting, in the second, chloroform and chloral hydrate. It might well be asked whether the blood-letting did not act on the nervous system directly.—*Chicago Medical Review*, July 5, 1881.

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HYDROPHOBIA AND STRYCHNINE.—A case likely to lead to interesting medico-legal discussions recently occurred at Tipton, Indiana. A rabid dog bit an old woman and her daughter. They died two weeks after from what was regarded as hydrophobia. Suspicion being accidentally awakened, investigation led to the discovery that the son-in-law of the old woman, it is claimed, had poisoned her with strychnine. He evidently seized a fortunate period for the administration of the drug, and a skilful lawyer could easily throw much doubt on the forensic circumstantial evidence against the accused.—*Chic. Med. Rev.*, October 5, 1881.

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REAL AND SIMULATED EPILEPSY.—Gottardi (*Giornale di Medicina Militare*) examines carefully the diagnostic points given by various authors, and comes to the following conclusions: Tactile sensibility, as determined by Weber's compass, immediately after the epileptic attack, is of no value as a means of diagnosis. Permanent alterations of the fundus of the eye are most frequent in cases presenting asymmetry of the face and skull, already recognized by Voisin, Müller, Dumas, and Hasse. During the attack, and better still after the attack, temporary alterations occur in the vascularization of the fundus of the eye, or, isolatedly, of the